

County: Milwaukee  
SOUTHPOINTE HEALTHCARE CENTER  
4500 WEST LOOMIS ROAD

Facility ID: 3420

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GREENFIELD 53220 Phone: (414) 325-5300

Operated from 1/1 To 12/31 Days of Operation: 366

Operate in Conjunction with Hospital? No

Number of Beds Set Up and Staffed (12/31/00): 174

Total Licensed Bed Capacity (12/31/00): 174

Number of Residents on 12/31/00: 164

Ownership:

Highest Level License:

Operate in Conjunction with CBRF? No

Title 18 (Medicare) Certified? Yes

Average Daily Census:

Corporation

Skilled

167

Services Provided to Non-Residents		Age, Sex, and Primary Diagnosis of Residents (12/31/00)				Length of Stay (12/31/00)		%
-----	-----	-----	-----	-----	-----	-----	-----	-----
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year	48.2	
Supp. Home Care-Personal Care	No	-----	-----	-----	-----	1 - 4 Years	41.5	
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	1.8	More Than 4 Years	10.4	
Day Services	No	Mental Illness (Org./Psy)	15.2	65 - 74	7.9		-----	
Respite Care	Yes	Mental Illness (Other)	4.9	75 - 84	47.0		100.0	
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	37.2	*****		
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.6	95 & Over	6.1	Full-Time Equivalent		
Congregate Meals	No	Cancer	13.4		-----	Nursing Staff per 100 Residents		
Home Delivered Meals	No	Fractures	7.9		100.0	(12/31/00)		
Other Meals	No	Cardiovascular	31.1	65 & Over	98.2	-----		
Transportation	No	Cerebrovascular	17.1	-----	-----	RNs	10.6	
Referral Service	No	Diabetes	0.6	Sex	%	LPNs	9.0	
Other Services	Yes	Respiratory	3.7	-----	-----	Nursing Assistants		
Provide Day Programming for		Other Medical Conditions	5.5	Male	20.1	Aides & Orderlies		
Mentally Ill	No	-----	-----	Female	79.9	35.7		
Provide Day Programming for		100.0	-----	-----	-----			
Developmentally Disabled	No			100.0				

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#### Method of Reimbursement

Level of Care	Medicare (Title 18)			Medicaid (Title 19)			Other			Private Pay			Managed Care			Percent Of All Residents	
	No.	%	Per Diem	No.	%	Per Diem	No.	%	Per Diem	No.	%	Per Diem	No.	%	Per Diem		Total
			Rate			Rate			Rate			Rate			Rate		
Int. Skilled Care	0	0.0	\$0.00	2	2.0	\$122.60	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	2	1.2%
Skilled Care	25	100.0	\$277.69	82	83.7	\$105.35	0	0.0	\$0.00	33	100.0	\$185.25	8	100.0	\$351.25	148	90.2%
Intermediate	---	---	---	14	14.3	\$88.11	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	14	8.5%
Limited Care	---	---	---	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Personal Care	---	---	---	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Residential Care	---	---	---	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Dev. Disabled	---	---	---	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Traumatic Brain Inj.	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Ventilator-Dependent	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Total	25	100.0		98	100.0		0	0.0		33	100.0		8	100.0		164	100.0%

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Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/00				
				% Needing Assistance of	% Totally Dependent	Total Number of Residents
Percent Admissions from		Activities of	% Independent	One Or Two Staff		
Private Home/No Home Health	0.6	Daily Living (ADL)				
Private Home/With Home Health	0.3	Bathing	11.0	62.2	26.8	164
Other Nursing Homes	0.4	Dressing	15.9	53.7	30.5	164
Acute Care Hospitals	93.8	Transferring	32.9	43.9	23.2	164
Psych. Hosp. -MR/DD Facilities	0.1	Toilet Use	29.9	40.2	29.9	164
Rehabilitation Hospitals	0.4	Eating	70.1	12.2	17.7	164
Other Locations	4.4	*****				
Total Number of Admissions	722	Continence		%	Special Treatments	%
Percent Discharges To:		Indwelling Or External Catheter		3.7	Receiving Respiratory Care	7.9
Private Home/No Home Health	36.2	Occ/Freq. Incontinent of Bladder	47.0		Receiving Tracheostomy Care	0.6
Private Home/With Home Health	21.3	Occ/Freq. Incontinent of Bowel	39.0		Receiving Suctioning	0.6
Other Nursing Homes	3.4				Receiving Ostomy Care	3.7
Acute Care Hospitals	16.9	Mobility			Receiving Tube Feeding	5.5
Psych. Hosp. -MR/DD Facilities	1.8	Physically Restrained	0.6		Receiving Mechanically Altered Diets	34.8
Rehabilitation Hospitals	0.0					
Other Locations	8.3	Skin Care			Other Resident Characteristics	
Deaths	12.0	With Pressure Sores	7.3		Have Advance Directives	100.0
Total Number of Discharges		With Rashes	3.0		Medications	
(Including Deaths)	726				Receiving Psychoactive Drugs	49.4

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**Selected Statistics: This Facility Compared to All Similar Milwaukee Metropolitan Area Facilities & Compared to All Facilities**

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	Ownership:			Bed Size:		Licensure:		All	
	Proprietary			100- 199		Skilled		Facilities	
	This Facility	Peer Group	Ratio	Peer Group	Ratio	Peer Group	Ratio	%	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	96.0	74.6	1.29	83.3	1.15	81.9	1.17	84.5	1.14
Current Residents from In-County	93.9	84.4	1.11	85.0	1.11	85.6	1.10	77.5	1.21
Admissions from In-County, Still Residing	10.8	20.4	0.53	19.2	0.56	23.4	0.46	21.5	0.50
Admissions/Average Daily Census	432.3	164.5	2.63	196.7	2.20	138.2	3.13	124.3	3.48
Discharges/Average Daily Census	434.7	165.9	2.62	194.3	2.24	139.8	3.11	126.1	3.45
Discharges To Private Residence/Average Daily Census	250.3	62.0	4.04	76.2	3.28	48.1	5.20	49.9	5.02
Residents Receiving Skilled Care	91.5	89.8	1.02	91.2	1.00	89.7	1.02	83.3	1.10
Residents Aged 65 and Older	98.2	87.9	1.12	93.9	1.05	92.1	1.07	87.7	1.12
Title 19 (Medicaid) Funded Residents	59.8	71.9	0.83	60.4	0.99	65.5	0.91	69.0	0.87
Private Pay Funded Residents	20.1	15.0	1.34	26.5	0.76	24.5	0.82	22.6	0.89
Developmentally Disabled Residents	0.0	1.3	0.00	0.6	0.00	0.9	0.00	7.6	0.00
Mentally Ill Residents	20.1	31.7	0.64	26.6	0.76	31.5	0.64	33.3	0.60
General Medical Service Residents	5.5	19.7	0.28	22.9	0.24	21.6	0.25	18.4	0.30
Impaired ADL (Mean)	46.8	50.9	0.92	48.7	0.96	50.5	0.93	49.4	0.95
Psychological Problems	49.4	52.0	0.95	50.4	0.98	49.2	1.00	50.1	0.99
Nursing Care Required (Mean)	7.9	7.5	1.05	7.3	1.09	7.0	1.13	7.2	1.11